

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/807277

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/			51	/					
2			/	/			52	/					
3			/	/			53	/					
4			/	/			54	/					
5			/	/			55	/					
6			/	/			56	/					
7			/	/			57	/					
8			/	/			58	/					
9			/	/			59	/					
10			/	/			60	/					
11			/	/			61	/					
12			/	/			62	/					
13			/	/			63	/					
14			/	/			64	/					
15			/	/			65	/					
16			/	/			66	/					
17			/	/			67	/					
18			/	/			68	/					
19			/	/			69	/					
20			/	/			70						
21			/	/			71						
22			/	/			72						
23			/	/			73						
24			/	/			74						
25			/	/			75						
26			/	/			76						
27			/	/			77						
28			/	/			78						
29			/	/			79						
30			/	/			80						
31			/	/			81						
32			/	/			82						
33			/	/			83						
34			/	/			84						
35			/	/			85						
36			/	/			86						
37			/	/			87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	27					
TOTAL CLAIMS							TOTAL CLAIMS	32					